STATE OF CAL														
TRAVEL EXPENSE CLAIM				See Instructions and *Privacy										
STD 262 (REV_16692)  CLAIMANT'S NAME				Statement On Reverse Side					Page 1 of 1 Pages					
William S. Haraf				SSAN OR EMPLOYEE NUMBER* DEPARTMENT										
POSITION CB/ID NUMBER				Financial Ins						al Instit	fitutions INDEX NUMBER			
Commissioner				Executive Division										
RESIDENCE ADDRESS*				HEADQUARTERS ADDRESS					TELEPHONE NUMBER					
					45 Fremont Street, Suite 1700						(415) 263-8507			
STATE ZIP CODE										STATE ZIP CODE				
(i) MONTH/YEAR (3) (4) [(5)				San Francisco					CA			(8)	94105	
Oct. 09	LOCATION		,	MEALS	10715	107			ORTATION		NES ATT	-		
(2)		1			O.T.,L/T., N/C,RELO		(A)	(B)	(C) CARFARE.		(D) E CAR USE	BUSINESS EXPENSE	TOTAL EXPENSES	
DATE   TIME	WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	OR DINNER	INCIDEN- TALS	COST OF TRANS	TYPE	TOLLS. PARKING	MILES	LAMBUNITS	-	FOR DAY	
-	WERE INCORRED	<del> </del>		<del> </del>		1	110000	-	-	MILES	AMOUNTS	-	, on DAT	
		ļ	<del> </del>	-	-	-	1			-	+		-	
10/1	Transit Subsidy				-		65.00	)					65.00	
10/1	San Francisco							Taxi	40.00				40.00	
10/5 2030	Los Angeles to Mill Valley				18.00		* 145.00	Тахі	145.00				308.00	
0530-		J	0.00		10.00			Tavil D	4.00				Name and Advanced Control	
10/8 1930	Los Angeles/Oakland/Mill Valley	<del></del>	6.00		18.00		109.50	TGAI/	16.00	72	39.60		193.10	
10/13 0530	Mill Valley to Sacramento	95.43	6.00	10.00	18.00	6.00		RC				27.70	163.13	
10/14 1930			6.00	200000000000000000000000000000000000000	18.00							2		
10/14/1990	Sacramento to Mill Valley		0.00	10.00	10.00				·				34.00	
10/18 1300	Oakland to Palm Springs	249.75			18.00	6.00		P/RC	16.00	36	19.80	23.45	333.00	
10/19 1930	Palm Springs to Mill Valley		6.00	10.00	18.00			Toll/ RC	4.00 16.00	36	19.80		73.80	
10/730-				40.00		2 33 3	RC				05.00	40.00		
10/21 1930	0730-		,	18.00							25.30	43.30		
10/29 1945	Mill Valley to Sacramento and re	eturn			18.00			RC				29.35	47.35	
-			ween Same				000000000 010000							
		345.18	24.00	30.00	144.00	12.00	319.50	Stratebook 28	241.00		79.20	105.80	1,300.68	
COLUMN COL	DE (ACCTG: USE ONLY)													
431	TOTAL													
PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)										(12) NORMAL WORK HOURS				
Cotober Transit: "I certify that no receipt is available. Amount claimed is as per DPA Rule 599.625 or 599.625.1".										730 - 1800				
	ansit: "I certify that no receip inded a conference at the FD						Rule 599.	325 or	599.625.	1".	(13)PRIVATE	E VEHICLE LI	CENSE No.	
Oct. 5: FDI0	C Minority Bank Conference a	at Biltmore	Millenniu	m LA: C	ab fares:	\$145 - t				; [				
	e \$55; \$52; and SFO \$38. Ur Airfare paid by Department.	nited: *\$14	5 - fees as	ssociate	d to flight	changes	s to attend	this me	eting.	H	(14) MILEAG	E RATE CLA	IMED	
Ocl. 8: - DFI /CBA Roundtable Meeting, LA: Oakland Airport Parking \$16 per day; Cab fares to and from LAX – DFI LA														
\$52 and \$55; Airport Surcharge \$2.50; Toll \$4.00; Mileage to/from Oakland Airport to residence \$39.60. Airfare paid by Department.									paid	.55				
Oct. 13 – 14: Quarterly Banking Program Management meeting in Sacramento.									I	Agency Accounting Office				
Oct. 18 – 19: Presentation at the IFSA Annual Conference in Rancho Mirage; Meeting re: Evangelical Christian Credit										Oredit	Lloo Oply			
Union in Brea: Mileage to/from Oakland Airport and residence \$39.60. Airfare paid by Department. Oct 21: Directors/Commissioners Meeting at BTH in Sacramento (Gas for rental car: \$25.30)										1	Use Only			
Oct 29: Mee	Oct 29: Meeting at the Governor's office with Vickie Bradshaw re: CalHFA and DFI in Sacramento													
(Gas for ren	ntal car: \$29.35)									ŀ	_			
(15) THEREBY	CEPTIEV That the shows is a true statement of	of the travel ave	and making d		adaaa walk Di	70 - 1 1		ilate at C-I						
If a privately	CERTIFY That the above is a true statement of owned vehicle was used, and if mileage rates	exceed the mir	imum rate, I cer	tify that the c	ost of operating	g the vehicle	was equal to or g	reater than	the					
	, and that I have met the requirements as pres	1										DATE		
CLAIMANT'S RIGNATIONAL DATE			(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT						NT	DATE				
11/16/09											11/17/09			
(17) SPECIAL EX	PENSE AUTHORIZATION - SIGNATURE an	d TITLE (See Ite	em 17 on Rever	se)	#		,				l	DATE		
21.45														